761551N25A - SH-AD (11/90)

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

DATE: April 13, 2000

OFFICE CORRESPONDENCE

FILE:

FROM: MICHAEL E. SODERBERG, COMMANDER
COMMANDER OF THE DEPARTMENT

TO: MICHAEL G. SAVIDAN, CAPTAIN
TWIN TOWERS CUSTODY FACILITY

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS USE OF FORCE / INMATE DEATH, JUNE 17, 1999, IAB REVIEW #1258631**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the inmate death which occurred on June 17, 1999.

The committee met on April 12, 2000 and consisted of myself and Commanders Jay Sewards (Commander of the Department) and William Mangan (Correctional Services Division). The Committee determined that the use of force by Senior Deputy Dennis Walsh #[redacted] Custody Assistant Joseph Luther #[redacted] and Deputies Karen Covey #[redacted] Arthur Gutierrez #[redacted] Daniel Estrella #[redacted] Richard Gomez #[redacted] Maria Rivera #[redacted] Julie Burg #[redacted] Frank Pinedo #[redacted] Shelly Jones #[redacted] and [redacted] #[redacted] was within Department Policy. Please advise these personnel of this finding.

The Committee recommended that the Unit Commander commend the involved personnel for their lifesaving efforts.

MES:KRK:kk

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Exhibits:

A- Homicide Case Book
B- Photographs

INCIDENT SUMMARY

On Thursday, June 17, 1999, at approximately 1000 hours, Lt. Karyn Mannis and Sergeants Clay Porlier and Ruth Nelson of Internal Affairs Bureau responded to Twin Towers Medical Services Building regarding an inmate death. Detectives Frank Salerno and Mary Bice from Homicide Bureau handled the investigation. The summary that follows is based on interviews with the involved deputies, medical staff and inmates housed near the incident, as well as written documentation including the Coroner's Autopsy Report.

DECEDENT:

-Jose Manuel Hurtado, #6090838
-MH/12-06-61 5'11" / 213lbs
-Arrested 06/15/99 for 243(e)(1)PC (Battery on Spouse or Co-Habitant)
-Convicted 06/16/99, sentenced to 10 days incarceration
-Transferred 06/17/99 to Twin Towers Medical Services Building for apparent Post Alcohol Syndrom
-No history of psychiatric problems or drug abuse, however decedent consumed on a daily basis two forty-ounce bottles of beer
-Past criminal history [redacted]

On June 17, 1999 at approximately 0830 hours, Dr. Greene went to cell M3129 to see Inmate Hurtado to conduct a physical examination, a standard procedure for new admissions. Dr. Greene entered Inmate Hurtado's cell and explained what he needed to do. Inmate Hurtado became somewhat hostile, and Dr. Greene exited the cell, seeking back-up from a deputy. With the assistance of Deputy Covey, Dr. Greene was able to re-enter the cell but could only manage a visual examination of Inmate Hurtado due to his hostility. Dr. Greene was able to learn that Inmate Hurtado regularly consumed two forty-ounce bottles of beer on a daily basis. He could also see that Inmate Hurtado was tremulous, indicative of Post Alcohol Syndrom. Since Inmate Hurtado was being uncooperative and refusing a proper examination, Dr. Greene left to tend to other inmates.

After Dr. Greene left, Deputy Covey checked again on Inmate Hurtado. She found him to be acting oddly and in addition, she noticed he was holding a metal object in a towel. Deputy Covey ordered Inmate Hurtado to give her the object. Inmate Hurtado complied. Deputy Covey than notified Dr. Greene and Nurse Baker about Inmate Hurtado's behavior and suggested he be moved to M3120, a cell near the nurses station where he could be observed more closely. Dr. Greene agreed and Deputy Covey went to tell Inmate Hurtado to gather his things in preparation of moving to another cell. Inmate Hurtado at first refused to be moved, but then agreed to be moved if Deputy Covey would allow him to say good-bye to his "friends." Deputy Covey agreed and moved away from the cell, out of Inmate Hurtado's view. (Inmate Hurtado was housed alone. It is not unusual for individuals suffering from Post Alcohol Syndrom to hallucinate.) Because of Inmate Hurtado's odd behavior, Deputy Covey was joined by Deputy Gutierrez

and Custody Assistant Boersma. Suddenly, while standing outside the cell, they heard loud banging coming from inside. They looked inside the cell and saw Inmate Hurtado kneeling down and slamming his forehead with great force into the corner of a metal sink. Dr. Greene and others arrived and also witnessed Inmate Hurtado inflicting injury upon himself, sending sprays of blood throughout the cell.

Deputy Gutierrez put out a radio call for assistance and then, fearing for Inmate Hurtado's safety, entered the cell. Deputy Gutierrez tried commanding Inmate Hurtado to stop but to no avail. He then grabbed hold of Inmate Hurtado's right arm. Inmate Hurtado immediately began to stiffen up as if resisting. Deputy Gutierrez, along with Deputy Covey, guided Inmate Hurtado out of the cell and onto the floor. Inmate Hurtado was now swinging his arms and legs wildly and yelling incoherently. Sergeant Gracia and several other deputies had now arrived. It took numerous deputies to pin Inmate Hurtado down so that he could be safely subdued. While this was occurring, Custody Assistant Boersma returned with a video recorder and began taping the incident. However, the battery quickly died and a replacement battery had to be retrieved. Deputy Gomez inserted the new battery and took over the taping of the incident. (He estimates the time gap in the tape to be no more than three minutes.)

Deputies Covey and Gutierrez were able to handcuff Inmate Hurtado. His legs were then hobbled by Deputy Covey and Deputy Gomez. Inmate Hurtado was then rolled onto his left side and lifted onto a gurney and moved to M3120 where he was to be placed in four point restraints per Dr. Greene's order. Because of his hostile behavior which precluded an examination of his injuries, Dr. Barracks ordered Inmate Hurtado injected with 50mg of Librium. This was accomplished by Nurse Richardson.

Once inside M3120, Inmate Hurtado was lifted off the gurney and onto the bed. Deputies removed the hobble from around his feet and placed his legs into restraints. With Inmate Hurtado in a sitting position, Senior Deputy Walsh along with Deputies Estrella and [redacted] removed the handcuff from his right wrist and placed his right arm in a restraint. As they were attempting to restrain his left arm, Inmate Hurtado broke the right restraint and attempted to get up from the bed. The deputies were able to restrain Inmate Hurtado long enough to apply another restraint to his right arm. Because he was bleeding profusely from his head and they were not yet able to place a bandage on his wounds, a sheet was placed over his head to prevent blood from being splattered on personnel as well as help in applying pressure to his wounds.

The deputies were just about to complete the restraining of Inmate Hurtado's left arm when they noticed he suddenly went limp. They quickly removed the sheet from his head and found Inmate Hurtado was no longer breathing. Senior Deputy Walsh began CPR as Deputy Covey obtained an "ambu-bag." At the same time a request was made for paramedics. Inmate Hurtado was not receiving any air so Dr. Barracks checked his throat for an obstruction, then inserted a hard airway tube. In approximately five minutes, L.A. City Paramedics arrived and took over life saving measures. Inmate Hurtado was transported to U.S.C./L.C.M.C. Emergency Room where he was pronounced dead by Dr. Chovosi at 0933 hours.

An autopsy performed on 06/22/99 attributed the cause of death to cardiac hypertrophy (enlargement of the heart) and restraint for probable alcohol withdrawal syndrome. No drugs or alcohol were found in his

system and according to Dr. Gutstadt, Medical Examiner, the two 50 mg doses of Librium given within a three hour period would not have been a factor. Other conditions contributing but not related to the immediate cause of death were fatty cirrhosis of the liver and obesity.

In none of the interviews with deputies, medical staff or inmates was it ever alleged that deputies used unnecessary or excessive force. Following the incident, inmates housed near Inmate Hurtado were interviewed. Inmate [redacted] stated he heard another inmate ask to use the telephone. When deputies ignored him, the inmate became hysterical. Shortly afterward he heard someone say, "He's banging his head, he's banging his head." Inmate [redacted] felt the incident could have been avoided had deputies let the inmate use the telephone. It was felt by deputies and medical staff that Inmate Hurtado was exhibiting unusual strength and that the force used to subdue him was only that which kept him from injuring himself further and allowed them to place him into restraints.

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 099-02340-5800-499	Date: 06/17/99	Time: 0837
Location: Twin Towers Medical Services Building, Ward 331		
City or Station: Los Angeles		
Bureau/Station/Facility: Twin Towers Correctional Facility	Admin. Invest.? ☐ YES ☒ NO	

Employee Witnesses

Employee #	Last Name	First Name	M.I.
[redacted]	Gracia	Ruben	A
[redacted]	Boersma	Terri	J.
[redacted]	Futalan	Josefa	Y.

Non-Employee Witnesses

Last Name	First Name	M.I.	Age	D.O.B.
[redacted] [redacted]	[redacted]		26	[redacted]

Street Address	City	Zip Code	Work Ph	Home Ph
[redacted]	[redacted]	[redacted]		Unk

Last Name	First Name	M.I.	Age	D.O.B.
[redacted] [redacted]	[redacted]		36	[redacted]

Street Address	City	Zip Code	Work Ph	Home Ph
[redacted]	[redacted]	[redacted]		[redacted]

Last Name	First Name	M.I.	Age	D.O.B.
[redacted] [redacted]	[redacted]			

Street Address	City	Zip Code	Work Ph	Home Ph
[redacted]				

On Duty Supervisor

Employee #	Last Name	First Name	M.I.	Rank	Present	Witness to Incident
[redacted]	Gracia	Ruben	A	: Sgt	☒ YES ☐ NO	☒ YES ☐ NO
				:	☐ YES ☐ NO	☐ YES ☐ NO

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Duron	Gilbert	E

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Lamothe	Benjamin	N

Watch Commander's Suspect Interview

Date:	Time:	Audio / Videotape: ☐ YES ☒ NO

Watch Commander's Signature: ______________________

Copy Provided to Employee by: ______________________

Supervisor Completing Form: ______________________ (Print) Emp #: __________

Unit Commanders Signature: ______________________ Date Signed: __________

PSTD Use Only
FO# 1258631

SH-R-438 rev. 12/96

See Reverse

Original: Unit Commander
CC: P.S.T.D. Headquarters, Employee

Supervisor's Report on Use of Force

URN 099-02340-5800-499

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)
S1	E1	RS	NN	
S1	E2	RS	NN	
S1	E3	RS	NN	
S1	E4	RS	NN	
S1	E5	RS	NN	
S1	E6	RS	NN	
S1	E7	RS	NN	
S1	E8	RS	NN	
S1	E9	RS	NN	
S1	E10	RS	NN	
S1	E11	RS	NN	
E1	S1	HB	NN	
E2	S1	RH	NN	
E3	S1	RS	NN	
E4	S1	RS	NN	
E5	S1	RS	NN	
E6	S1	RS	NN	
E7	S1	RS	NN	
E8	S1	RS	NN	
E9	S1	RS	NN	
E10	S1	CT	NN	
E11	S1	RS	NN	

See Front Side

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE INFORMATION

URN: 099-02340-5800-499

Involved Employee

E1

Employee #	Last Name	First Name	M.I.
[redacted]	Covey	Karen	M

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	White	Twin Towers Correctional Facility	331 F

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	506	125

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E2

Employee #	Last Name	First Name	M.I.
[redacted]	Gutierrez	Arthur	NMN

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	Hispanic	Twin Towers Correctional Facility	331 A

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	603	265

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E3

Employee #	Last Name	First Name	M.I.
[redacted]	Estrella	Daniel	S

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	Hispanic	Twin Towers Correctional Facility	342 F/2

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	600	190

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E4

Employee #	Last Name	First Name	M.I.
[redacted]	Gomez	Richard	A

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	Hispanic	Twin Towers Correctional Facility	342 A/2

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	31	600	200

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E5

Employee #	Last Name	First Name	M.I.
[redacted]	Rivera	Maria	C

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	Hispanic	Twin Towers Correctional Facility	320 F/1

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	501	115

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E6

Employee #	Last Name	First Name	M.I.
[redacted]	Burg	Julie	NMN

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	Hispanic	Twin Towers Correctional Facility	332 A

Shift	Duty Status	Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	504	115

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE INFORMATION

URN:	099-02340-5800-499

Involved Employee

E7

Employee #	Last Name	First Name	M.I.
[redacted]	Pinedo	Frank	L

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☒ Male ☐ Female	Hispanic	Twin Towers Correctional Facility	Medical Liaison Deputy

Shift:		Age:	Height:	Weight:
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	509	190

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E8

Employee #	Last Name	First Name	M.I.
[redacted]	Jones	Shelly	L

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☒ Female	White	Twin Towers Correctional Facility	332 F

Shift:		Age:	Height:	Weight:
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	507	140

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E9

Employee #	Last Name	First Name	M.I.
[redacted]	[redacted]	[redacted]	[redacted]

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[redacted]	[redacted]	[redacted]	[redacted]

Shift:		Age:	Height:	Weight:
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E10

Employee #	Last Name	First Name	M.I.
[redacted]	Walsh	Dennis	J

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☒ Male ☐ Female	White	Twin Towers Correctional Facility	MSB Sr.

Shift:		Age:	Height:	Weight:
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	509	180

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E11

Employee #	Last Name	First Name	M.I.
[redacted]	Luther	Joseph	A.

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☒ Male ☐ Female	White	Twin Towers Correctional Facility	340 A

Shift:		Age:	Height:	Weight:
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	601	200

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

E_

Employee #	Last Name	First Name	M.I.

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment ☐ If Admitted, Name of Hospital: ______ Directed Force ☐

See Other Side

Supervisor's Report on Use of Force
SUSPECT INFORMATION

URN: 099-02340-5800-499

Suspect Information

S1

Last Name: Hurtado			First Name: Jose			M.I.: M
AKA Last Name: None			First Name:			M.I.:
Sex: ☒ Male ☐ Female	Race: Hispanic	Street Address: [redacted]		City: [redacted]	State & Zip Code: [redacted]	
Work Phone:	Home Phone: [redacted]	Age: 37	Height: 5"11"	D.O.B. 12/06/61	Weight: 213 lbs	Armed? ☐
Booking #: 6090838	Primary Charge: 243(e)(1) PC		Secondary Charge:			
Hospital Admission ☒	Name of Hospital: Twin Towers Correctional Facility					
Intoxication/Drug Usage: ☐ YES ☒ NO Type			Photos of Suspect's Injuries ☒ YES ☐ NO			

S_

Last Name			First Name			M.I.
AKA Last Name			First Name			M.I.
Sex: ☐ Male ☐ Female	Race:	Street Address:		City:	State & Zip Code:	
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐
Booking #:	Primary Charge:		Secondary Charge:			
Hospital Admission ☐	Name of Hospital:					
Intoxication/Drug Usage: ☐ YES ☐ NO Type			Photos of Suspect's Injuries ☐ YES ☐ NO			

S_

Last Name			First Name			M.I.
AKA Last Name			First Name			M.I.
Sex: ☐ Male ☐ Female	Race:	Street Address:		City:	State & Zip Code:	
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐
Booking #:	Primary Charge:		Secondary Charge:			
Hospital Admission ☐	Name of Hospital:					
Intoxication/Drug Usage: ☐ YES ☐ NO Type			Photos of Suspect's Injuries ☐ YES ☐ NO			

S_

Last Name			First Name			M.I.
AKA Last Name			First Name			M.I.
Sex: ☐ Male ☐ Female	Race:	Street Address:		City:	State & Zip Code:	
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐
Booking #:	Primary Charge:		Secondary Charge:			
Hospital Admission ☐	Name of Hospital:					
Intoxication/Drug Usage: ☐ YES ☐ NO Type			Photos of Suspect's Injuries ☐ YES ☐ NO			

Supervisor's Report on Use of Force

URN: 099-02340-5800-499

Non-Employee Witnesses (Continuation)

Last Name	First Name	M.I.	Street Address	City	Zip Code	Work Ph.	Home Ph.
[redacted]	[redacted]	[redacted]	450 Bauchet St.	Los Angeles	90012	(213) 893-5899	
[redacted]	[redacted]	[redacted]	450 Bauchet St.	Los Angeles	90012	(213) 893-5899	
[redacted]	[redacted]	[redacted]	450 Bauchet St.	Los Angeles	90012	(213) 893-5899	
[redacted]	[redacted]	[redacted]	450 Bauchet St.	Los Angeles	90012	(213) 893-5899	
[redacted]	[redacted]	[redacted]	450 Bauchet Street	Los Angeles	90012	(213) 893-5899	